

PRE-REVIEW QUESTIONNAIRE

Please complete this questionnaire in its entirety. All answers should directly follow the questions. The entire questionnaire is available on disk (Wordperfect 5.1). If applying for pediatric verification, please complete all questions, using "n/a" where needed on adult only questions. Return the completed questionnaire to: Trauma Department, Verification Review Program, American College of Surgeons, 55 East Erie Street, Chicago, Illinois 60611. If any questions, please call Kathy O'Donnell-Thielman at (312) 202-5000, ext. 5456.

I. PURPOSE OF SITE REVIEW

A. Circle type of review:

Consultation (I, II, III, IV),
Verification (I, II, III, IV),
Focused-review (re-review),
Re-verification (I, II, III, IV).

Adult only (I, II, III, IV),
Adult with Pediatric Commitment (I, II) or
Pediatric only (I).

B. This review is at the request of
[] an individual hospital,
[] a designating agency, or
[] other:_____.

C. Who has authority to designate Trauma Centers in your state?

D. Reviewed previously? YES_____ date: NO_____

If yes, answer following questions:

1. Type of review:
2. Describe, in detail, any changes regarding the issues defined in the previous summary as **strengths**:
3. Describe, in detail, the improvements directed toward the previously defined institutional **weaknesses**:
4. Have there been any administrative changes at your facility impacting the trauma program?
5. Discuss any recent local or regional trauma system improvement activities and your facilities involvement in these activities.

II. PREHOSPITAL SYSTEM

A. Prehospital system description

1. Describe your EMS region, including primary and secondary hospital service area (HSA)/EMS catchment area:
2. Describe the geo-political boundaries and issues for trauma care (do not use other hospital names, refer to hospitals by trauma system level):
3. Briefly describe the authority for EMS - (city, county, regional, none, other):
4. Briefly describe the EMS governing body, include description of medical leadership:
5. Is a 911 system present in your community? YES_____ NO_____
 - a. If yes, is the system standard or enhanced? (circle one).

6. How are EMS personnel dispatched to the scene of an injury?
 - ☐ 911
 - ☐ direct call to agency
 - ☐ police
 - ☐ fire
 - ☐ other _____
7. Briefly describe which agencies are dispatched to injury scene:
8. EMS providers are (check all that apply):
 - ☐ volunteer,
 - ☐ paid,
 - ☐ public -agency _____
 - ☐ private
9. What level EMS response is available in your community?
 - ☐ EMT,
 - ☐ EMTI,
 - ☐ Paramedic.
10. Describe in detail your hospitals participation in the EMS region, include a description of your hospitals participation in QI activities for prehospital personnel:
11. Describe your hospitals participation in the regional disaster plan:

III. HOSPITAL INFORMATION

- A. Describe your hospital, including its governance and affiliations, and its role in the community, including regional trauma activities. Include applicable organizational charts.
- B. Are all trauma activities within one facility? If not, describe multi-facility relationships:
- C. Hospital Beds
 1. Total number of licensed hospital beds:
 2. Number of beds staffed and operational:
 - a. adult
 - b. pediatric
 3. Average daily census for past year:
 - a. adult
 - b. pediatric
- D. Hospital Commitment
 1. Describe, in narrative, the commitment of your administration to trauma.
 - a. Is there a line item budget for trauma? YES_____ NO_____
 2. Is there a resolution supporting the trauma center by the hospital's governing body? YES_____ NO_____ If yes, attach the resolution to this application.
 3. Is there a medical staff resolution supporting the trauma center? YES_____ NO_____ If yes, attach the resolution to this application.

IV. TRAUMA SERVICE

- A. Is there a Trauma Service at your facility? YES_____ NO_____
 1. Describe the Service:
- B. Trauma Response

1. What criteria do you use to activate the trauma team?
 - a. Are there multi-levels of response? Please describe:
2. Who has the authority to activate the trauma team?
3. Describe the personnel on the trauma team for each level of activation:

C. Trauma/Hospital Statistical Data

1. Total number of ED visits for reporting year
(provide month/yr to month/yr dates used in filling out questionnaire)
2. Total number of trauma-related ED visits
3. Number of hospital trauma admissions for one year:
 - a. # of above admitted to Trauma Service:
 - b. # of above admitted to Neurosurgical Service:
 - c. # of above admitted to Orthopedic Service:
 - d. # of above admitted to Non-surgical Services:
 - e. # transfers IN _____ OUT _____
 _____% Penetrating _____% Blunt
4. Trauma Admissions from the ED
 - a. Number of trauma admissions from ED to ICU:
 - i. # admitted to Trauma Service:
 - b. Number of trauma admissions from ED to OR:
 - i. # admitted to Trauma Service:
 - c. Number of trauma admissions from ED to Ward:
 - i. # admitted to Trauma Service:
5. Number of trauma registry patients admitted to the hospital by ISS:
 - a. ISS \leq 9: _____ % mortality _____
 - b. ISS 10 - 15: _____ % mortality _____
 - c. ISS 16 - 24: _____ % mortality _____
 - d. ISS \geq 25: _____ % mortality _____
 - e. If ISS scores are not used to categorize severity of injury, please define what method is used:

D. Trauma Transfers

1. Are there any formal transfer agreements for transfer of trauma patients **INTO** the hospital? YES _____ NO _____
If yes, have agreements available at time of review.
2. Number of trauma transfers admitted to hospital in last reporting year:
3. Are there any formal transfer agreements for transfer out of hospital? YES _____ NO _____
If yes, have agreements available at time of review.
4. Number of trauma transfers out of hospital to another acute care facility in last reporting year:

E. Trauma Bypass/Divert

1. Do you have bypass or divert protocol? YES _____ NO _____
If yes, attach the bypass/divert protocol.
If yes, who has the authority to divert?
2. Have you gone on trauma bypass (divert) during the previous year? YES _____ NO _____
If yes, please complete the Chart A "Trauma Bypass/Divert Occurrences".

CHART A

TRAUMA BYPASS (DIVERT) OCCURRENCES

Date of Occurrence	Time on Bypass	Time off Bypass	Reason for Bypass

- F. Trauma Service Director
1. Attach a narrative job description for the Trauma Service Director AND an organizational chart of trauma service which depicts its relationships to the Department of Surgery and other major hospital departments and services. Both the job description and the organizational chart should reflect the Trauma Director's parameters of authority and should include a description of the procedure for removing physicians from Trauma Call roster.
 2. Attach Trauma Service Director Curriculum Vitae
 3. Trauma-related CME course names (available on site)
- G. Trauma Coordinator
1. Curriculum Vitae (attach)
 2. List support personnel (names and titles)
 3. Describe the administrative reporting structure.
 - a. Attach organizational chart.
 4. Attach job description
- H. Do you have a protocol manual for Trauma? YES_____ NO_____
- If yes, have available on site.
- I. List all surgeons taking trauma call on Chart B and attach.
1. Trauma-related CME documentation (available on site)
- J. Describe the hospital's trauma call roster for surgeons, neurosurgeons, and orthopaedic surgeons, including first and second (backup) call:
- K. Are any of your trauma, ortho, or neuro surgeons taking trauma call at more than one hospital? YES_____ NO_____ If yes, please describe:
- L. Describe any additional credentialing procedures for participation in Trauma Call Roster beyond your routine credentialing process:

CHART B
TRAUMA SURGEONS

Name	Residency - where and when complete	Board Certification	ATLS: Instructor/ Provider Status & Date of Expiration	Trauma CME: Number of trauma cme hours in last three years - hours obtained intramurally/ total trauma cme hours	Frequency of trauma call per month	Number of trauma patients admitted per year

- M. List all Neurosurgeons taking trauma call on Chart C and attach.
1. Attach Chief's Curriculum Vitae
 2. Trauma-related CME documentation for all neurosurgeons (available on site)
 3. Are any of your neurosurgeons taking trauma call at more than one hospital?
YES____ NO____ If yes, please describe:

CHART C
NEUROSURGEONS

Name	Residency: where and when completed	Board Certification	ATLS: Instructor/ Provider Status & Date of Expiration	Trauma CME: Number of trauma cme hours in last three years - hours obtained intramurally/ total trauma cme hours	Frequency of trauma call per month

- N. List all Orthopedic surgeons on Chart D and attach.
1. Attach Chief's Curriculum Vitae

2. Trauma-related CME documentation for all orthopedic surgeons (available on site)
3. Are any of your orthopedic surgeons taking trauma call at more than one hospital?
YES____ NO____ If yes, please describe:

CHART D
ORTHOPAEDIC SURGEONS

Name	Residency: where and when complete	Board Certification	ATLS: Instructor/ Provider Status & Date of Expiration	Trauma CME: Number of trauma cme hours in last three years - hours obtained intramurally/ total trauma cme hours	Frequency of trauma call per month

- O. List Anesthesia/CRNA personnel who care for trauma patients on Chart E and attach.
1. Attach Chief's Curriculum Vitae
 2. Trauma-related CME documentation (available on site)

CHART E
ANESTHESIOLOGY

Name	Residency: where and when complete	Board Certification	ATLS: Instructor/ Provider Status, Date of Expiration	Trauma CME: Number of trauma cme hours in last three years - hours obtained intramurally/ total trauma cme hours	Frequency of trauma call per month

V. HOSPITAL FACILITIES

A. Emergency Department

1. List Emergency Department Physicians on Chart F and attach.
 - a. Attach Chief's Curriculum Vitae
 - b. Trauma-related CME course names for all ED physicians (available on site)

CHART F
EMERGENCY PHYSICIANS

Name	Residency: where and when complete	Board Certification	ATLS: Instructor/ Provider Status, Date of Expiration	Trauma CME: Number of trauma cme hours in last three years - hours obtained intramurally/ total trauma cme hours	Frequency of trauma call per month

2. Describe role and relationship of emergency medicine to trauma service:

3. What is the criteria used by the ED staff to activate the trauma team for those patients not meeting pre-hospital team activation criteria?
4. Attach a copy of emergency department trauma flow sheet and trauma team activation protocols.
5. Define the experience, certification and education requirements, as well as the credentialing process for the nurses providing care to the trauma patient in the Emergency Department.
 - a. Percent of total staff:
 TNCC _____
 CEN _____
 ACLS _____
 PALS _____
 Audit ATLS _____

B. Radiology

1. Is there a 24 hour x-ray technician available in-hospital? YES____ NO____
 - a. If no, is there a Quality Improvement Program, which reviews timeliness of CT response? YES____ NO____
2. Is there a 24 hour CT technician available in-hospital? YES____ NO____
 - a. If no, is there a Quality Improvement Program, which reviews timeliness of CT response? YES____ NO____
3. Is there resuscitation and monitoring equipment available in the radiology suite?
YES____ NO____
4. Who accompanies and monitors the trauma patient to the radiology suite?

C. Operating Room

1. Do you have Anesthesia available in hospital 24 hours a day? YES____ NO____
 - a. Who provides this response:
 [] Anesthesiologist
 [] CRNA
2. Is there a QI program monitoring anesthesia response? YES____ NO____
3. List all trauma QI filters relating to anesthesia coverage:
4. Number of operating rooms:
5. Describe your OR trauma staffing and backup call for days, nights, weekends, and holidays in hospital 24 hours, 7 days, for the following:
 - a. Circulator
 - b. Scrub technician
6. Do you have an OR dedicated to trauma?
YES____ NO____
 If no, describe procedure to access OR STAT.

NOTE: The 24 hour OR Requirement is met by having an OR RN Circulator and a scrub tech in house 24 hours a day, seven days a week, 52 weeks a year.

- D. PACU (Post-anesthesia care unit)
1. What are the hours of operation?
 - a. If not open 24 hours a day, explain:
 2. Describe the PACU function in trauma.
- E. ICU
1. ICU beds:
 - total adult ICU beds _____
 - total adult surgical ICU beds _____
 - total adult neurosurgical _____
 2. Are there any adult ICU beds dedicated solely to trauma patients?
 - If no, describe the policy for opening beds for trauma patients.
 3. Describe the physician coverage for trauma patients in the adult ICU:
 4. Describe the surgeon credentialing process in critical care, including who has the authority to grant surgeons critical care privileges:
 5. Who is the surgical director of the ICU? (Have CV available on-site):
 6. Which physician specialist maintains primary responsibility for direction of trauma patient care in the ICU? (circle one)
 - a. Surgeon
 - b. ICU intensivist
 - c. Other (please explain):
 7. Define the experience, certification and education requirements, as well as the credentialing process for the nurses providing care to the trauma patient in the ICU.
 - a. Percent of total staff:
 - CCRN _____
 - ACLS _____
 - PALS _____
 - Audit ATLS _____
- F. Clinical Lab/Blood Bank
1. Blood Bank
 - a. Source of blood products:
 - b. Is there a massive blood transfusion protocol? YES _____ NO _____
If yes, have a copy available on-site.
 - c. Do you have any satellite blood banks in hospital? YES _____ NO _____
If yes, where?
 - d. Is there an uncrossmatched blood protocol? YES _____ NO _____
If yes, have a copy available on-site
 2. Clinical Lab
 - a. Is there 24 hour staffing? YES _____ NO _____
 - b. What is the estimated ED STAT order response time? _____
 - c. What is the estimated ICU STAT order response time? _____
 - c. Do you have any satellite sites for blood gas determination?
YES _____ NO _____
If yes, where?

VI. SPECIALTY SERVICES

A. Pediatric Trauma

1. What is the age limit for pediatric trauma in your hospital?
2. What is the number of pediatric trauma admissions during the year?
3. Is there a separate Pediatric Trauma Team? YES____ NO____
If yes, please describe:
4. Is there a separate pediatric ICU? YES____ NO____
 - a. Total pediatric ICU beds (exclude neonatal) _____
 - b. Are there any pediatric ICU beds dedicated solely to trauma patients?
YES____ NO____
5. What service admits pediatric trauma ICU patients?
6. Who is the PICU medical director?
7. Which physician specialist maintains primary responsibility for direction of pediatric trauma patient care in the ICU (circle one)
 - i. Surgeon
 - ii. ICU intensivist
 - iii. Other (please explain):
8. Do you have any policies regarding the transfer of injured pediatric patients?
YES____ NO____
If yes, please summarize (have written policies available on site).
9. Are there any transfer agreements for pediatric trauma patients?
YES____ NO____ If yes, have available on site.
10. Do you have transfer protocols for pediatrics?
YES____ NO____ If yes, have all protocols available (during review).
11. Define the experience, certification and education requirements, as well as the credentialing process for the nurses providing care to the trauma patient in the PICU:
 - a. What percent are:
CCRN_____
ACLS_____
PALS_____
APLS_____

B. Rehabilitative Services

1. Is there a designated Chief of Rehabilitation? YES____ NO____
 - a. Attach CV of Chief if applicable
 - b. Board Certification? YES____ NO____ N/A____
If yes, what specialty?
 - c. Describe the role and relationship of rehabilitation services to the trauma service:
2. Are rehabilitative consultants routinely obtained while trauma patient is in the ICU?
YES____ NO____
 - a. If yes, who provides the evaluation?
 - b. Describe how rehabilitation functions in the ICU:
3. What services are provided in the ICU?
 - a. Physical therapy? YES____ NO____
 - b. Occupational therapy? YES____ NO____
 - c. Speech therapy? YES____ NO____
 - d. Other:
4. Describe, if appropriate, pediatric rehabilitation service:
5. Are there any written transfer agreements for acute or long-term rehabilitation? YES____ NO____
If yes, have all agreements available on site.

6. Do you have transfer protocols for acute or long-term rehab?
YES____ NO____
If yes, have all protocols available on site.
- C. Burn Patients
1. Number of burn patients admitted during last reporting year:_____
 2. Is there a separate Burn Team? YES____ NO____
 3. Is your institution a verified Burn Center? YES____ NO____
If yes, date reviewed:_____
 4. Number of burn patients transferred to other facility:_____
 5. Describe your transfer policy for burn patients.
a. Have protocol available on site
 6. Are there any transfer agreements for burn patients? YES____ NO____
If yes, have all agreements available (during review).
 7. Do you have transfer protocols for burn patients?
YES____ NO____
If yes, have all protocols available (during review).
- D. Spinal Cord Injuries
1. Number of spinal cord patients treated during last reporting year:_____
 2. Number of patients transferred to other facility:_____
 3. Are there any transfer agreements for spinal cord patients?
YES____ NO____ If so, have available on site.
 4. Have available (during review) all transfer protocols for acute or long-term rehabilitation facilities.
- E. Organ Procurement
1. Do you have an organ procurement program? YES____ NO____
a. If yes, how many referrals were there to the Regional Organ Procurement Organization last year? _____
 - b. How many patient donors in the last year? _____
 - c. Have organ procurement policy available on-site.
- F. Social Services
1. Is there a dedicated Social Worker for trauma service? YES____ NO____
a. If no, what is the commitment from Social Services to the trauma patient? _____
 2. Do you have a crisis intervention program? YES____ NO____
 3. Do you have counseling for the family (e.g., chaplain, psychosocial support)?
YES____ NO____

VII. QUALITY IMPROVEMENT (QI) Do not send any quality improvement documents or minutes! These should be available at time of review!

- A. Quality Improvement (QI) program.
1. Describe your QI program, including how issues are identified and tracked.
a. Have QI reports available on site.
 - b. Who is responsible for closing the loop?

2. List all trauma QI filters:
3. Has trauma QI affected the way trauma patient care is rendered? YES____ NO____
 - a. Be prepared to articulate/demonstrate.
4. Do the nursing units participate in the Trauma QI review? YES____ NO____
 - a. If no, describe how nursing units ensure standards and protocols are followed on their units.

B. Multi-disciplinary Trauma Committee(s) - to provide a description of any committee with trauma QI involvement complete Table G, including morbidity and mortality review:

Chart G - QI Committee(s)

Name of Committee			
What is the purpose of the committee?			
Describe the membership using titles			
Name/Title of Chairperson			
How often does the committee meet?			
Are there attendance requirements? If yes, describe:			
Committee reports to whom?			

- C. Trauma Registry
1. Do you have a trauma registry? YES____ NO____
 - a. If yes, how many months are complete for review?
 - b. If yes, what registry program are you using?
 2. Who extracts data for the registry?
 3. Is the data extraction completed concurrently? YES____ NO____
 - a. If no, define time frame:
 5. Who enters the information into the data base?
 6. Describe the criteria for patient entry into the trauma registry:
 7. Do you have any regional or national affiliation of your trauma registry? YES____ NO____
- D. Do you have documentation and statistics of surgeons availability/response times in:
1. ED? ____YES ____NO
 2. OR? ____YES ____NO
 3. ICU? ____YES ____NO
- E. Trauma Death Audits
1. Who reviews Emergency Department trauma deaths?:
 2. Who reviews in-house trauma deaths?
 - a. Number of meetings:
 3. How many trauma deaths during reporting period? (Include DOA, ED and in-house admissions):
- F. Autopsy
1. What is your autopsy/death percent?
 2. How are autopsies reported to the Trauma Program?

VIII. EDUCATIONAL ACTIVITIES/OUTREACH PROGRAMS

- A. Do you have a General Surgery Residency Program? YES____ NO____
If so, how is the residency related to Trauma Service?
- B. Do you have other Specialty Residency Programs? YES____ NO____
If so, list and define any relationship with trauma program:
- C. Describe any intramural trauma education programs held at your facility:
- D. Describe any public trauma educational activities sponsored by your facility.
- E. Do you provide ATLS courses? YES____ NO____
If yes, provide dates of courses:
- F. Describe any extramural educational programs held for physicians.
- G. Describe your trauma education programs for prehospital providers.
- H. Describe any extramural trauma education programs for nurses.
- I. Is there any hospital funding for extramural physician/nursing trauma education?
YES____ NO____

J. Do you have any injury prevention programs? YES____ NO____

1. Who is the designated injury prevention coordinator?
2. List all injury prevention programs:
3. Briefly describe each of the listed injury prevention programs:

IX. RESEARCH ACTIVITIES

A. List last three years of trauma related publications, research, ongoing projects and trauma presentations:

Do not send reprints!! Have these and any other materials organized and available on site.

1. Note which research projects went through Internal Review Board (IRB)

B. Do you have any trauma related grants? YES____ NO____

If yes, please describe:

X. COST CONTAINMENT

List what mechanisms, if any, your hospital is using/has used, i.e., two tiered trauma response system, to facilitate cost efficiency in your trauma center.

PRE REVIEW DOCUMENT CHECKLIST

I. General Information

- ☐ Hospital's Governing Body Resolution
- ☐ Medical Staff Resolution

II. Prehospital System

- ☐ Bypass\Divert Protocol (if applicable)
- ☐ Chart A: Trauma Bypass\Divert Occurrences (if applicable)

III. Trauma Service

- ☐ CV: Trauma Service Director
- ☐ Description of authority to direct trauma service
- ☐ Job description: Trauma Service Director
- ☐ Organization chart: Trauma Service
- ☐ Chart B: Trauma Surgeons
- ☐ CV: Chief - Neurosurgical Service
- ☐ Chart C: Neurosurgeons
- ☐ CV: Chief - Orthopedic Service
- ☐ Chart D: Orthopedic Surgeons
- ☐ CV: Chief - Anesthesiology
- ☐ Chart E: Anesthesiology
- ☐ CV: Trauma Coordinator
- ☐ Job description: Trauma Coordinator
- ☐ Organization chart: Trauma Coordinator

V. Hospital Facilities

- ☐ CV: Chief - Emergency Medicine
- ☐ Chart F: Emergency Medicine
- ☐ Trauma Flow Sheet (ED)
- ☐ Trauma Team Activation Protocols

VI. Specialty\Rehabilitative

- ☐ CV: Chief - Rehabilitation

VII. Quality Improvement

- ☐ Chart G: Trauma QI Committee(s)

IX. Hospital Resource Checklist Completed